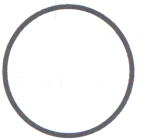


| Accident Number | | Agency NCIC No. | | GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT | | | | County | | Date Rec. By DPS | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| Date | | Day Of Week Sun M T W Th F S | | Time | | Off. Arrived | | Total Number Of: Vehicles Injuries Fatalities | | Inside City Of: | |
| Road of Occurrence _____ At Its Intersection _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | | | | | | | | | Corrected Report Yes <input type="checkbox"/> | |
| Not At Its Intersection But _____ <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of: _____ <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | | | | | | | | | Suppl. To Original Yes <input type="checkbox"/> | |
| And Continuing in the Direction Checked Above The Next Reference Point is _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | | | | | | | | | | |
| Driver # Last Name First Middle Ped <input type="checkbox"/> Address City State Zip DOB Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed Insurance Co. Policy No. Year Make Model Telephone No. VIN Vehicle Color Tag # State County Year Trailer Tag # State County Year <input type="checkbox"/> Same as Driver Owner's Last Name First Middle Address City State Zip Removed By <input type="checkbox"/> Request <input type="checkbox"/> List Alcohol Test Type Results Drug Test Type Results Driver Condition Direction of Travel Vision Obscured Contributing Factors Vehicle Condition Vehicle Maneuver Pedestrian Maneuver Most Harmful Event Vehicle Class Vehicle Type Traffic Control Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Driver # Last Name First Middle Ped <input type="checkbox"/> Address City State Zip DOB Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed Insurance Co. Policy No. Year Make Model Telephone No. VIN Vehicle Color Tag # State County Year Trailer Tag # State County Year <input type="checkbox"/> Same as Driver Owner's Last Name First Middle Address City State Zip Removed By <input type="checkbox"/> Request <input type="checkbox"/> List Alcohol Test Type Results Drug Test Type Results Driver Condition Direction of Travel Vision Obscured Contributing Factors Vehicle Condition Vehicle Maneuver Pedestrian Maneuver Most Harmful Event Vehicle Class Vehicle Type Traffic Control Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Injured Taken To _____ By: _____ | | | | | | | | | | | |
| EMS Notified Time | | EMS Arrival Time | | Hospital Arrival Time | | Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No | | By: _____ | | | |
| Report By: _____ | | | | Department _____ | | | | Report Date _____ | | Checked By: _____ Date Checked _____ | |
| Witness(es): Name _____ | | | | Address _____ | | | | City _____ | | State _____ Zip Code _____ Telephone No. _____ | |
| DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE) | | | | | | | | | | | |
| COMMERCIAL VEHICLES ONLY | | | | | | | | | | | |
| Carrier Name Vehicle # _____ | | | | | | Carrier Name Vehicle # _____ | | | | | |
| Address _____ | | | | | | Address _____ | | | | | |
| City _____ State _____ Zip _____ | | | | | | City _____ State _____ Zip _____ | | | | | |
| Number of Axles | | G.V.W.R. | | Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Cargo Body Type | | Number of Axles | | G.V.W.R. | |
| Vehicle Config. | | I.C.C.M.C. # | | U.S. D.O.T. # | | Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> | | Vehicle Config. | | I.C.C.M.C. # | |
| C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | |
| 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | If YES, Name or 4 Digit Number from Diamond or Box: _____ | | 1 Digit Number from Bottom of Diamond: _____ | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | |
| If YES, Name or 4 Digit Number from Diamond or Box: _____ | | 1 Digit Number from Bottom of Diamond: _____ | | If YES, Name or 4 Digit Number from Diamond or Box: _____ | | 1 Digit Number from Bottom of Diamond: _____ | | If YES, Name or 4 Digit Number from Diamond or Box: _____ | | 1 Digit Number from Bottom of Diamond: _____ | |
| ____ Ran Off Road | | ____ Down Hill Runaway | | ____ Cargo Loss Or Shift | | ____ Separation of Units | | ____ Ran Off Road | | ____ Down Hill Runaway | |
| | | | | | | | | ____ Cargo Loss Or Shift | | ____ Separation of Units | |

PAGE _____ OF _____

INDICATE
NORTH

[illegible]

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

[illegible]

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| ALCOHOL AND/OR DRUG TEST REQUEST | | | |
| 1 - Yes 2 - No 3 - Refused | | | |
| TYPE TEST | | | |
| 1-Blood 2-Breath 3-Urine 4-Other | | | |
| DRIVER CONDITION | | | |
| 1 Not Drinking 6 U.I. Alcohol & Drugs 2 Not Known If U.I. 7 Physical 3 Drinking, Not Impaired 8 Apparently Fell Asleep 4 U.I. Alcohol 5 U.I. Drugs | | | |
| DIRECTION OF TRAVEL | | | |
| 1-North 2-South 3-East 4-West | | | |
| VISION OBSCURED BY | | | |
| 1 Not Obscured 5 Trees, Bushes 2 Headlights 6 Rain, Snow, Ice 3 Sunlight 7 On Windshield 4 Parked Vehicle 7 Other | | | |
| VEHICLE CONDITION | | | |
| 1 No Known Defects 5 Steering Failure 2 Tire Failure 6 Slick Tires 3 Brake Failure 7 Other 4 Improper Lights | | | |
| VEHICLE MANEUVER | | | |
| 1 Turning Left 9 Passing 2 Turning Right 10 Negotiating A Curve 3 Making U-turn 4 Stopped 11 Entering/Leaving Parking 5 Straight 12 Entering/Leaving Driveway 6 Changing Lanes 7 Backing 8 Parked | | | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PEDESTRIAN MANEUVER | |
| 1 Crossing, Not At Crosswalk 6 Other Working In Road 2 Crossing At Crosswalk 7 Playing In Roadway 3 Walking With Traffic 8 Standing In Roadway 4 Walking Against Traffic 9 Off Roadway 5 Pushing Or Working On Vehicle 10 Other | |
| FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION | |
| 1 Overturn 4 Jackknife 2 Fire/Explosion 5 Other Non-Collision 3 Immersion | |
| COLLISION WITH OBJECT NOT FIXED | |
| 6 Pedestrian 11 Motor Vehicle In Motion 7 Pedalcycle 12 Motor Vehicle In Motion - In Other Roadway 8 Railway Train 13 Other Object (Not Fixed) 9 Animal 14 Deer 10 Parked Motor Veh. | |
| COLLISION WITH FIXED OBJECT | |
| 15 Impact Attenuator 24 Luminaire/light Support 16 Bridge 25 Utility Pole 17 Bridge Pier/Abutment 26 Other Post 18 Bridge Parapet End 27 Culvert 19 Bridge Rail 28 Curb 20 Guardrail Face 29 Ditch 21 Guardrail End 30 Embankment 22 Median Barrier 31 Fence 23 Highway Traffic Sign Post 32 Mailbox 24 Overhead Sign Support 33 Tree 34 Other Fixed Object | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CONTRIBUTING FACTORS | |
| 1 No Contributing Factors 2 D.U.I. 3 Following Too Close 4 Failed To Yield 5 Exceeding Speed Limit 6 Disregard Stop Sign/Signal 7 Wrong Side Of Road 8 Weather Conditions 9 Improper Passing 10 Driver Lost Control 11 Changed Lanes Improperly 12 Object Or Animal 13 Improper Turn 14 Parked Improperly 15 Mechanical Or Vehicle Failure 16 Surface Defects 17 Misjudged Clearance 18 Improper Backing 19 No Signal/Improper Signal 20 Driver Condition 21 Driverless Vehicle 22 Too Fast For Conditions 23 Improper Passing Of School Bus 24 Disregard Police Officer 25 Distracted 26 Other | |
| VEHICLE CLASS | |
| 1 Privately Owned 6 Military 2 Police 7 Commercial Veh. (For Acc. Reporting Purposes Only) 3 Fire 8 Other 4 School 5 Other Govt. Owned | |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| VEHICLE TYPE | |
| 1 Passenger Car 14 Truck Towing House Trailer 2 Pickup Truck 15 Ambulance 3 Truck Tractor (Bobtail) 16 Motorized Recreational Vehicle 4 Tractor/Trailer 17 Motorcycle, Scooter, Minibike 5 Tractor W/Twin Trailers 18 Moped 6 Logging Truck 19 Pedalcycle, Bicycle 7 Single Unit Truck 20 Farm or Const. Equip. 8 Panel Truck 21 All Terrain Vehicle 9 Van 22 Other 10 Utility Passenger Veh. 11 Vehicle With Trailer 12 Bus | |
| TRAFFIC CONTROL | |
| 1 No Control Present 5 Stop Or Yield Sign 2 Traffic Signal 6 No Passing Zone 3 RR Signal/Sign 7 Lanes 4 Warning Sign 8 Other | |
| CARGO BODY TYPE | |
| 1 Van (Encl. Box) 4 Dump 7 Cargo Tanker 2 Auto Carrier 5 Garbage/Refuse 8 Concrete Mixer 3 Bus 6 Flatbed 9 Other | |
| VEHICLE CONFIGURATION | |
| 1 Bus (Seating For More Than 15 Passengers) 2 Single Unit Truck: 2 Axes 3 Single Unit Truck: 3 Or More Axes 4 Truck/Trailer 5 Truck Tractor (Bobtail) 6 Tractor/Trailer 7 Tractor With Twin Trailers 8 Unknown Heavy Truck (Cannot Classify) | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| TRAFFIC-WAY FLOW | |
| 1 Two-way Trafficway With No Physical Separation 2 Two-way Trafficway With A Physical Separation 3 Two-way Trafficway With A Physical Barrier 4 One-way Trafficway | |
| WEATHER | |
| 1 Clear 5 Sleet 2 Cloudy 6 Fog 3 Rain 7 Other 4 Snow | |
| SURFACE CONDITION | |
| 1 Dry 4 Icy 2 Wet 5 Other 3 Snowy | |
| LIGHT CONDITION | |
| 1 Daylight 4 Dark - Lighted 2 Dusk 5 Dark - Not Lighted 3 Dawn | |
| MANNER OF COLLISION | |
| 1 Angle 2 Head On 3 Rear End 4 Sideswipe - Same Direction 5 Sideswipe - Opposite Direction 6 Not A Collision With A Motor Vehicle | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LOCATION AT AREA OF IMPACT | |
| 1 On Roadway 4 Median 2 On Shoulder 5 Ramp 3 Off Roadway 6 Gore | |
| ROAD COMPOSITION | |
| 1 Concrete 4 Dirt 2 Black Top 5 Gravel 3 Tar And Gravel 6 Other | |
| CONTRIBUTING ROAD DEFECTS | |
| 1 No Defects 2 Defective Shoulders 3 Holes, Deep Ruts, Bumps 4 Loose Material On Surface 5 Water Standing 6 Road Under Construction 7 Running Water 8 Other | |
| ROAD CHARACTER | |
| 1 Straight And Level 2 Straight On Grade 3 Straight On Hillcrest 4 Curve And Level 5 Curve On Grade 6 Curve On Hillcrest | |
| DAMAGE TO VEHICLE | |
| 1 None 4 Extensive 2 Slight 5 Fire Present 3 Moderate | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| AGE | |
| 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown | |
| SEX | |
| M - Male F - Female | |
| INJURY CODE | |
| 0 Not Injured 2 Serious 1 Killed 3 Visible 4 Complaint | |
| TAKEN FOR TREATMENT 1-Yes 2-No | |
| EJECTION | |
| 1 Not Ejected 3 Totally Ejected 2 Trapped 4 Partially Ejected | |
| SAFETY EQUIPMENT | |
| 0 None Used 1 Shoulder Belt 2 Lap Belt 3 Lap And Shoulder Belt 4 Child Safety Seat (Properly Used) 5 Child Safety Seat (Improperly Used) 6 Motorcycle Helmet 7 Bicycle Helmet 8 Unknown | |
| EXTRICATION (EQUIPMENT USED) | |
| 1 - Yes 2 - No | |
| AIR BAG FUNCTION | |
| 0 No Air Bag In Vehicle 1 Deployed Air Bag 2 Non-Deployed Air Bag | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| <div style="text-align: center;"> </div> <p style="text-align: center;">SEATING POSITION (Use "P" for Pedestrians)</p> | |
| POINTS OF INITIAL CONTACT Use: 00 Overturned 01 Top 14 Undercarriage | |
| | |